# **APPLICATION FORM**



PhoneNumbers

				7	С	7	A	S	7	8
Personal ID Number										

Position Applied for: OILER					Da	Date Available from: ANY TIME				
1. PersonalD	ata									
	Family Name. MAMMADOV  First Name: SAMIR			MIR		Middle Name: CALIL				
Date of Birth: 28.12.2001 Place of Birth: A				RBAIJAN,SA	LYAN	Citize	enship: <b>AZEB</b>	AIJANIAN		
Permanent Address: AZERBAIJAN,SA				-				Е		
2. Maritimel	Education									
Nameofs	chool	Country		Town		om	To	Type of	f degree or diploma	
AZERBA IST.SER	,	AZERBAIJAN		BAKU	05.07	7.2023	08.01.2024	6 Month		
131.3EK	VICES									
3. Profession	alTest									
EnglishTestDate			Na	ameofTest			Score			
ProfessionalTes	tDate		NameofTest			Score				
ProfessionalInte	erviewDate		Result							
4. FamilyDet										
		ed, Divorced, Widowed	l) : \$	SINGLE						
Next of Kin (the fin	rst emergency con	tact): MAMMADOV	CA	LIL			Relationship	/ FATHER		
Address of Residence: AZERBAIJAN,ASTARA						Phone :+9940	056459552			
	Doughter	Son								
FamilyName	_ ouginoi	5011							1	
FamilyName FirstName										
DateofBirth										
Cityofliving										

5. IdentityDocuments

Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate
C 1 - D 1 -	<b>AZERBAIJA</b>	AZE031676	State Maritime Administratio	16.02.2024	16.02.2029
Seaman'sBook	N		n		
T1D	AZERBAIJA	C03516180	AZERBAIJAN LANKARAN	24.01.2024	23.01.2034
TravelPassport	N				

6. ValidVisa					
CountryorUnion	Type	ValidUntil			

Document	Number		tes	Place	
Boeument	rumber	Issue	Expiry		
CertificateofCompetency	RP14433	08.02.2024		State Maritime Administrat	
MalteseEndorsementof COC					
OilTankerEndorsement					
ChemicalTankerEndorsement					
GasTankerEndorsement					
Advanced training for oil tanker cargo operations					
ChemicalTankerFamiliarizationTraining					
GasTankerFamiliarizationTraining					
OilTankersSpecializedTraining					
ChemicalTankerSpecializedTraining					
GasTankerSpecializedTraining					
BasicTrainings	SO-5151-23	30.10.2023	27.10.2028	State Maritime Administration	
<b>Proficiency in Survival Craft and Rescue Boats</b>	SL-4018-23	07.11.2023	04.11.2028	State Maritime Administration	
AdvancedFireFighting					
MedicalFirstAidTraining					
<b>Medical First Aid Training and Medical Care</b>					
RO-ro					
Crisis management and human behavior training					
RadarObservation&Plotting					
<b>Automatic Radar Plotting Aids Simulator (ARPA</b> )					
BridgeTeamManagement					
Shiphandling&Maneuvering					
Ship Security-related familiarization security-aw	SI-3356-23	07.11.2023	30.10.2028	State Maritime Administrat	
areness training	51-5550-25	07.11.2023	30.10.2020	ion	
MalteseEndorsementof SSO					
ISM Code	SP-3614-23	14.11.2023	14.11.2028	State Maritime Administ ration	
SafetyOfficer					
ECDISTrainingCourse					
RiskAssessmentCourse					
C.O.W./ I.G.S					
FirePracticeonTankers					
VapourRecoverySystem					
UnmannedMachinerySpace					
FRAMO FamiliarizationCourse					
Cargo Ballast Operations on Oil/Chemical Tanke rs					
Engine resoursce management					
Leadership and Teamwork					
High woltage					
Risk Management And Incident Investigation					
Training of seafarers with designated security dut	CH 2008 22	07 11 2022	07 11 2029	State Maritime Administrat	
ies	SH-2098-23	07.11.2023	07.11.2028	ion	
Dangerous hazardous and harmfull cargoes					
BasicTraining and qualifications on oil and chemi					
cal tanker cargo operations					

8. PhysicalData	
Height	175
Weight	67
ColourofHair	Black
ColourofEyes	Chestnut
BoilersuitSize	42
ShoesSize	XL

9. MedicalHistory	Yes	No
Have you ever signed off a ship due to medical reasons?		+
Did you undergo any medical operation in the past?		+
Have you consulted a doctor during the last 12 months for an illness/accident?		+
Do you have any health or disability problems now?		+

If yes, please give full details:		

	Passed:	Validtill:
InternationalMedicalExamination	29.07.2023	29.07.2025
VaccinationAgainstYellowFiver		
VaccinationAgainstDiphtheria		

10. References (please give name and addr	ress of your current or past employer)	Officeremarks
NameofCompany		
Name of person to contact		
Address		
Phone		
NameofCompany		
Name of person to contact		
Address		

11. Bankaddressforallotments				
Beneficiary				
AccountNo.				
NameofBank				
BankAddress				

12. Knowledgeandexperience	Yes	No
OCIMF vettingexperience:		
ISGOT knowledge:		

13. I hereby declare that the above, including Medical History, is true					
Place					

## 14. ForOfficeuseonly

Phone

### 15. SeagoingExperience

Nameofves sel	Flag	Vessel 's Ty pe	DW T	EngTy pe	НР	Manageror Owner	Rank	From d/ m/y	To d/m/	Tota l m/d
MORNOVA	AZE	Dry cargo	2500	Wartsila 6L20		Azerbaijan c ompany	cadet	08.10.2023	06.01.2024	3 month

#### Total rank sea service:

### Total type of vessel sea service:

_	our runn seu ser vicer	i otal type of vessel sea sel vicev			
Rank	Years	Typeofvessel	Years		
		OIL TANKER			
		LPG			
		DRY CARGO			
		TANKER ICE			
		OIL /CHEMICAL TANKE			
		R			
		FERRY			
Total		Total:			